



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH  
CHILD CARE FACILITY  
INSPECTION REPORT**

REASON		GRADE  0  RATING  A	Inspection Date:	ESTABLISHMENT NAME:	
Regular	✓		3/28/17	AMAZING KIDS 2 CHILD DEVELOPMENT CENTER	
Follow-Up			Time In/Out:	OWNER/OPERATOR:	
Complaint			10:40 AM   11:20 AM	AMAZING KIDS 2 CHILD DEVELOPMENT CENTER NC	
Investigation			Sanitary Permit No.:	LOCATION:	Establishment Type:
Other:		20000-160001411	ANIGUA	CCC / NURSERY	
No. of Children: 15 Male 19 Female 34 Total			PERMIT STATUS: ✓ Valid _____ Temporary _____ Expired		
			Child Care License No.: 150056 / ✓ Valid / / Provisional / / Expired		

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

**\*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:**

Received By (Name & Title):

DEH Inspector (Name & Title):